

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41264

State File No.

490

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper, Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie</u> c. LENGTH OF STAY (In this place) <u>78 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie</u> d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>B</u> c. (Last) <u>Justus</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>1</u> (Year) <u>50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>Aug 31-1855</u>
9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jesse Justus</u>		13b. MOTHER'S MAIDEN NAME <u>✓ Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give year or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Horner Justus</u>		ADDRESS <u>Sarcoxie Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11/20/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>50</u> , to <u>Dec 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>50</u> , and that death occurred at <u>4:15 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J E Kilbane</u> (Degree or title) <u>H.O.</u>		23b. ADDRESS <u>Sarcoxie Mo</u>	
23c. DATE SIGNED <u>Dec 2 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 3-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Boucher Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-10-50</u>		REGISTRAR'S SIGNATURE <u>L B Clinton</u> <u>139</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>		ADDRESS <u>Sarcoxie Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-20-50
Jasper County Health Office
County File Number 50-12-918
Date Filed 12-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. me

working under my personal supervision.

Student
Student Embalmer

Signed Wm Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.